

Application for a Water Right Permit

For Ecology Use (Date Stamp)

Follow the attached instructions. Attach additional sheets as necessary. AUG -6 A8 :50 ☐ GROUND WATER **SURFACE WATER PERMANENT** SHORT TERM **TEMPORARY DROUGHT** *A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION. Section 1. APPLICANT X I have participated in a pre-application conference with Ecology. Applicant/Business Name: U.S. Fish & Wildlife Service (USFWS) Phone No: Other No: Division of Engineering, Water Resources Branch 503-231-6146 Address: 911 NE 11th Avenue City: Portland State: OR Zip:97232 Email Address (if available): Contact Name (if different from above): Tim Mayer Phone No: Other No: 503-231-2395 Relationship to Applicant: Water Resources Branch Chief Address: (above) City: State: Zip: Email Address (if available): tim_mayer@fws.gov Legal Land Owner or Part Owner Name of the Proposed Place of Use: Phone No: Other No: **USFWS** Address: (above) City: State: Zip: Email Address (if available): For 52-30600 **Ecology** APPLICATION NO: SEPA: Exempt/Not Exempt Use Fee Paid: NA Check No: ECY Coding: 001-001-WR1-0285-000011 Priority Date 8 - 6-12 By 51 By Date Returned Pre-application interviewer:

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Section 2. STATEMENT	r of intent	r		
Do you own the land on which the	proposed point of	diversion/with	ndrawal is located	1? ⊠ YES □ NO
If no, do you have legal authority t	o make this application	ation for use o	of another's land?	☐ YES ☐ NO
Briefly describe the purpose of you	ar proposed project	: Provide don	nestic water for ha	atchery, administrative, and
residential facilities at Little White	Salmon National	Fish Hatchery	, and to provide w	vater for fish egg incubation and
fish propagation at the hatchery.				
Anticipated length of time to comp	olete your project:	Completed		
Water Use List all purposes for w	hich water will be	applied to a be	eneficial use and l	list quantity required for each.
Purpose(s) of Use	Rate (check one	hox only)	Acre-Feet per	Period of Use
1 impose(o) of esc	Cubic Feet per S	Second (CFS)	Year (AF/YR)	(Continuously or Seasonal)
Domestic Use	Gallons per Min	ute (GPM)	(If known)	Year-round
Fish Hatchery Use	1.5	020	1095	Ýear-round
TOTAL:	1.6	100	1168	
Short Term/Temporary Water U	Iso			
Is this a request for a short term pro		- months and	non roourring)?	TVES MNO
Is this request for a temporary perm			non-recurring): [] IES MINO
	Marks The		l be maded.	
If yes to either question above, ind	Market Brown		i be needed:	
FROM:/TO: _				
Section 3. POINT OF D	IVERSION O	R WITHD	RAWAL	
(Complete A or B, and C below)			
A.) If Surface Water Source		B.) If	Ground Water	Source
Spring Creek River	Lake	□ We	ell(s) Other:_	
Other:				
Source Name: Spring			liameter & depth:	
Tributary to: Little White Salmon	River			ints of withdrawal:
			Beth on the North	g well? YES NO
Number of proposed diversion po				er Well Report and pump test.
Do you have an existing diversion		11 011 1	Tag ID No	是 乙酰 年 1000 1000 1000 1000 1000 1000 1000 1
C.) Point of Diversion/Withd				
Parcel No.	NW 26	Township 3 N	Range 9 E	County Skamania
If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: 890 Feet (North/ South) and 1350 feet (East/ West)				
from the (NW SW NE	72F [) con	rner of Section	1 <u>26</u> .	

A.) I	Complete A or B, and C below) A.) If Surface Water Source				B.) If Ground Water Source		
	oring E	Creek [] River [Lake		☐ Well(s) ☐ Ot	her:
Sourc	e Nam	ne: <u>Unnam</u>	ed Stream	m		Well diameter & d	lepth:
Tribu	tary for	Little Wh	ite Salm	on River		Number of propos	ed points of withdrawal:
IIIou	itary to.	Bittle WI	nte Saim	OH ROVE		Do you have an ex	xisting well? YES NO
	-	roposed d an existin		THE RESERVE OF THE PERSON NAMED IN		f available, attach Well Tag ID No	Water Well Report and pump test.
C.) P	oint o	f Diversi	on/With	ndrawal	– Legal Descript		
0.3	Parcel 3092600	No. 0020000	SE	1/4 NW	Section Towns 26 3 N	nip Range 9 E	County Skamania
f kno	wn, en	ter the dis	tances in	feet from	the point of divers	ion or withdrawal	to the nearest section corner:
rom	the (X	NW SY	W ∐NE	∐SE ∐	corner of S	Section 26.	
		The same					
	5-24	1-10		N PART			
		. PLAC					
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Are there any other water rights or claims associated with	th this property or water system? XYES NO
If yes, provide the water right and/or claim numbers: C	5670, C1193, C1385, C4505,C7068,C8220,G2-29251
Attach a map of your project showing the point of property, be sure to include a complete copy of t	of diversion/withdrawal and place of use. If platted he plat map.
Section 5. WATER SYSTEM DESCRIPT	ΓΙΟΝ
Describe your proposed water system (include type and	size of devices used to divert or withdraw water from source):
Domestic System: Concrete collection box at spring with	th 6" pipeline to water treatment system/30,000 gallon storage
tank. From the storage tank, treated water is piped to re-	sidences, offices and restroom facilities throughout the
hatchery facilities.	
Hatchery System: A concrete dam in the unnamed strea	m diverts water into a 14 inch pipe, thence to egg incubation
and raceway facilities. Water is then discharged into the	Little White Salmon River.
	《美國教育學》(1985年)
Section 6. DOMESTIC WATER SUPPL	Y SYSTEM INFORMATION
(Complete A or B, and C below)	
A.) Domestic Water Systems only	B.) Municipal Water Systems only (defined under RCW 90.03.015)
Projected number of connections to be served: 11	Present population to be served water:
Type of connections: residential, restrooms, and drinking fountains (e.g., home, recreational cabin)	Estimate future population to be served: (20 year projection)
C.) Water System Planning	
Do you have a Water System Plan approved by the Water System Plan approved by the Water System Plan approved by the Water System Plan approved Division? YES No.	em Number: FW415M
Name of water system: Little White Salmon National F	Ish Hatchery
Are you within the service area of an existing water systif yes, explain why you are unable to connect to the system.	
	を対象を使用する。 ・
Section 7. IRRIGATION/STOCKWATI	ER/OTHER FARM USES
<u>Irrigation</u>	
Total number of acres requested to be irrigated under thi	s application = 0 ACRES
Stockwater	
List number and kind of stock: 0	
Is the proposed project for a dairy farm? YES NO	A CONTRACT OF THE PARTY OF THE
is the proposed project for a daily failif. I Es [186]	

Describe all proposed uses:
Family Farm Water Act (RCW 90.66):
Calculate the acreage in which you have • Acreage irrigated under water rights acquired after December 8, 1977, • Acreage proposed to be irrigated • Acreage proposed to be irrigated under this application, and • Acreage proposed to be irrigated under other pending application(s).
Is the combined acreage under existing rights greater than 6000 acres? YES NO
Do you have a controlling interest in a Family Farm Development Permit? YES NO
If yes, enter Permit No:
Section 8. OTHER WATER USES
Hydropower
Indicate total feet of head and proposed capacity in kilowatts:
Describe works:
Indicate all uses to which power is to be applied:
FERC License No:
Mining/Industrial Use Describe use, method of supplying and utilizing water:
Other Use
Fish Hatchery use includes egg incubation and fish rearing. Note: This use has been continuous since 1896, and although the
USFWS did not register a claim to a pre-code water right during the State's registration period, the USFWS intends to claim a pre-
code water right during an adjudication of the Little White Salmon River and its tributaries.
Section 9. WATER STORAGE
Will you be using a dam, dike, or other structure to retain or store water? ☐ YES ☒ NO
Are you proposing to store more than 10 acre-feet of water? YES NO
Will the water depth be 10 feet or more? ☐ YES ☒ NO
If you answered yes to any of the above questions, please describe:
Section 10. DRIVING DIRECTIONS
Provide detailed driving directions to the project site: From Carson, WA, travel East on Hwy 14 8.8 miles, or from
White Salmon, WA, travel West on Hwy 14 8.9 miles. Follow signs to Little White Salmon National Fish Hatchery.
Site Address: 56961 State Route 14. Cook, WA 98605

Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

Tim Mayer Print Name (Applicant or authorized representation)	Signature ive)	7 33 102 Date
Print Name (Legal Owner or Part Owner Place of	Signature of Use)	Date
Print Name (Legal Owner or Part Owner Place of		Date
*Submit your application to: DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611	Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	Eastern Regional Office 4601 N. Monroe Spokane, WA 99205-1295 (509) 329-3400
OLYMPIA, WA 98504-7611	Northwest Regional Office 3190 – 160 th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

If you need this document in an alternate format, please call the Water Resources Program at 360-407-6872.

Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.

